

P070801 15489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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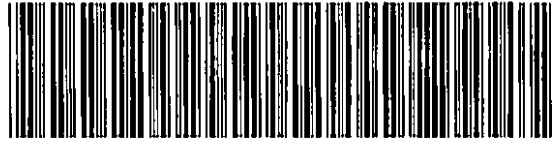
(Business Entity Name)

(Document Number)

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OCT 17 2018

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 26, 2018

JOAN MARIE THOMAS
ELAN ESTHETICS, INC.
141 EAST CLARIDGE ST
SATELLITE BEACH, FL 32937

SUBJECT: ELAN ESTHETICS, INC.
Ref. Number: P07000115489

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of the person signing the document must be typed or printed beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 818A00020063

RECEIVED
18 OCT 15 PM 10:13
MARY H.
ASST. SEC.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Elan Esthetics, Inc
Name of Corporation

DOCUMENT NUMBER: P07000115489

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Joan Marie Thomas
Name of Contact Person

Elan Esthetics, Inc
Firm/Company

141 East Clarideg St
Address

Satellite Beach, FL 32937
City/State and Zip Code

laserme@elanesthetics.com ✓
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joan Marie Thomas at (321) 258-8403
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Elan Esthetics, Inc.
2. The principal office address: 111 E. Hibiscus Blvd. Melbourne, FL 32901
3. The mailing address (if different): 141 E. Claridge St. Satellite Beach, FL 32937
4. Date of incorporation/qualification: 10/19/2007 Document number: P07000115489
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Joan Deigl

141 E. Claridge St.

Satellite Beach, FL 32937

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Joan Marie Thomas


141 E. Claridge St

P.O. Box NOT acceptable

Satellite Beach, FL 32937


The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

President - Joan M. Thomas
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

9/20/18
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***